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Prenatal WIC Participation in Relation to Low Birth Weight and Medicaid Infant Costs in North Carolina – A 1997 Update

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ABSTRACT

Objectives: The purpose of this study is to update and expand a 1988 North Carolina evaluation of prenatal WIC participation, while addressing some potential methodological issues in the earlier study.

Methods: Medicaid and WIC data files were linked to 1997 North Carolina live birth records. Among Medicaid births, birth weight and Medicaid newborn costs were compared between WIC participants and WIC non-participants. Adjustments were made to account for potential biases due to preterm delivery and late entry into the WIC program.

Results: WIC non-participants were significantly more likely than WIC participants to have low-weight births and, on average, their newborn Medicaid costs were higher. These general results persisted after adjustments for the potential biases due to preterm delivery and late entry into WIC. After adjustments, we estimate that, overall, at least one dollar was saved in Medicaid newborn costs for every dollar spent for prenatal WIC services. Cost savings were higher for births to minority women compared to white women.

Conclusions: The positive findings for prenatal WIC participation from the 1988 study are generally confirmed in the present study. Improved health of babies is a valuable benefit resulting from the prenatal WIC program.

